

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013651

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3546**

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 5980 Minerva	
3. NAME OF DECEASED (Type or print) James Nesbit		4. DATE OF DEATH Month 3 Day 23 Year 63	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar 16 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific Railroad	
13a. FATHER'S NAME Van Nesbit		13b. MOTHER'S MAIDEN NAME Malinda White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Lorene Nesbit	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion Congestive Heart Failure 434.1 DUE TO (b) Uremia DUE TO (c) Uremia		12. CITIZEN OF WHAT COUNTRY Mississippi U. S. A.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:25 a.m. A. Month, Day, Year 3-13-63		20f. CITY, TOWN, OR LOCATION St. Louis	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 3-13-63 to 3-23-63 and last saw him alive on 3-23-63		22b. ADDRESS 2601 N. Whittier	
22a. SIGNATURE <i>J. H. Utley</i>		22c. DATE SIGNED 3-26-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar. 28, 1963	
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) St. Louis County Mo.	
24. FUNERAL DIRECTOR A. B. Kame		25. DATE RECD. BY LOCAL REG. MAR 27 1963	
26. REGISTRAR'S SIGNATURE <i>Roan Smith</i>		26. REGISTRAR'S SIGNATURE <i>M. O.</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

Missouri

St. Louis

8080 Minerva

James G. Phillips

James

Neale

Neale

James G. Phillips

Neale

Neale

Neale

James G. Phillips

Neale

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oliver E. Crumblin

Licensed Embalmer No. 5185

P. O. Address 1221 N. Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.